

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10847

STATE FILE NUMBER

163-045230

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 079/5

3

4 0

5 0

6

7 0

8 1

9 X

10

11 079

12 81-2

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 22 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Perry

c. CITY OR TOWN Perryville

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Luke's Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
219 W. St. Francis

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
John Edward Blechle

4. DATE OF DEATH  
Month Day Year  
October 30, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10/18/1940

9. AGE (last birthday)  
23  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer

10b. KIND OF BUSINESS OR INDUSTRY  
Landscaping

11. BIRTHPLACE (City and state or country)  
Perry Co., Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.

13a. FATHER'S NAME

Edward O. Blechle

13b. MOTHER'S MAIDEN NAME

Anna Welker

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes Peacetime

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Ed. Blechle, Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured Skull with Subdural Hemorrhage;  
Contrib. Cause: Shock, suffered in auto accident in vicinity of Perryville, Mo., on or about Oct. 27, 1963. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☒ OPEN VERDICT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above.

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m. 10-27-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Street 68

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Perryville, Mo.

21. I attended the deceased from 5:30 to A. and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Helen L. Taylor, Coroner

22b. ADDRESS  
1300 Clark Ave

22c. DATE SIGNED  
11-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
11-2-63

23c. NAME OF CEMETERY OR CREMATORY  
St. Boniface Cemetery

23d. LOCATION (City, town, or county) (State)  
Perryville, Mo.

24. FUNERAL DIRECTOR ADDRESS  
Bey Funeral Home, Perryville, Mo.

25. DATE RECD. BY LOCAL REG.  
NOV 1 1963

26. REGISTRAR'S SIGNATURE  
Earl Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton R. Penelau

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.